

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10799315 03-12-01

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8	1					
9		1				
10		1				
11		2				
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TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	23					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						